

### **It can be challenging for a doctor to be a patient.**

Being a patient can be challenging, and so can being a doctor. But being both a doctor and a patient (a doctor-patient) can be doubly challenging, wrought with difficulties that neither patients nor doctors individually experience. It is one of the great ironies of professions: lawyers get sued, bankers go bankrupt, and doctors get sick. And when they do, they are often caught completely off guard, transported into a world of illness they thought they understood only too well. But they did not and indeed could not; not until they became patients themselves.

From the get-go, medical professionals are taught to distance themselves from illness. As students, they study anatomy and pathology, memorise risk factors and survival rates, and learn how to treat every condition, from acne to zygomycosis. Such intellectualization makes illness approachable, impersonal and theoretical. However, students also learn about the importance of seeing the patient as a person, and are taught skills around communication and empathy. Throughout their formative years, budding doctors inevitably acquire the (perhaps necessary) sense of being near-invincible and in control, which will allow them to work effectively under stress and in such close proximity to sickness. However, when the doctor becomes the patient, all sense of invincibility vanishes, and all perceived control is relinquished. Such role reversal is not an uncommon scenario, particularly when it comes to mental illness.

A national survey conducted by Beyond Blue (2013) found that medical students and doctors have higher rates of mental health problems, including depression, anxiety, and suicidal ideations, than the general population. Approximately 20% of practicing doctors report having ever been diagnosed with depression, and 10% have been diagnosed with or treated for an anxiety disorder (Beyond Blue, 2013). Reasons for this are multifactorial, and include occupational factors such as a heavy workload and the emotional demands of working with sick patients, as well as individual factors, such as personality traits and problematic coping mechanisms. Many of the personality traits that allow doctors to succeed as carers, such as perfectionism and compulsiveness, not only contribute to increased stress and risk of mental illness, but also make them delay seeking help and present late for treatment (Wessely & Gerada, 2013).

The challenges facing doctor-patients are as numerous and complex as the factors that predispose them to illness in the first place. Psychological barriers, such as feelings of shame and embarrassment, can lead to denial of symptoms, and can prevent doctors from seeking the help they need. The stigma surrounding mental illness is especially problematic for medical professionals, who have to overcome

the ingrained notion both within the medical community and without that doctors ought to be healthy. And despite having a good understanding of the complex pathogenesis of illnesses such as clinical depression, many doctors still perceive their mental illness as a moral lapse that threatens to destroy their very identity as a medical professional: illness is (mis)interpreted as weakness. Given to these conceptions, it is unsurprising that doctors are wont to being secretive about their illnesses, and are hesitant to disclose mental health issues. After all, it is much easier to self-diagnose, self-treat, and self-prescribe. However, as the old adage goes, “a doctor who treats himself has a fool for a patient”, with research showing that formal health assessment achieves more appropriate and timely medical care for doctors than self-treatment (Kay et al., 2008).

Professional implications are another challenge facing doctor who become ill. A study of doctor's attitudes towards mental illness revealed that three-quarters of respondents were more likely to disclose mental illness to a friend or relative rather than to a medical professional, with fear of negative career consequences being their biggest concern (Hassan et al., 2009). Amongst medical students, negative attitudes towards mental illness prevent many from seeking help for fear that it may affect progression of their career (Chew-Graham, Rogers & Yassin, 2003). Other professional implications, such as worrying about taking time off work, the negative impact on colleagues, and possible restrictions and disciplinary action, further add to the challenges. Additionally, doctor-patients have to navigate the often tricky relationship between treating doctor and patient, where there may be fear of overidentification on the doctor's part and resistance to surrendering control on the part of the patient. Finally, a challenge that faces all medical professionals, but especially the more junior ones, is a lack of awareness of services available for help. The vagrant nature of a young doctor's career, with frequent changes in hospitals and locations, can make it difficult to know where to seek help. A study of young doctors in the UK found that many did not have a regular GP and were unaware of the occupational health services available to them (Baldwin, Dodd & Wrate, 1997).

Given the many challenges facing ill doctors, and the pernicious impact that unmanaged illness can have on them, their families, and their patients, it is vital to ensure that their plight is taken seriously. However, despite the many significant challenges facing the doctor-patient, there is a proverbial silver-lining in the otherwise dark cloud of their illness. In substituting their white coats for patient gowns, doctors gain privileged access into the world of their patients, enabling them to reflect on and refine their own practices as doctors. Time and time again, anecdotes and accounts of transformed doctor-patients are shared. A renowned psychiatrist from Columbia University, Dr. Robert Kitzman, described in an interview for the New York Times how he had become severely depressed following his sister's death in the September 11, 2001 terrorist attacks. Despite initial denial of his illness, he eventually sought help as a patient, and in doing so, became a better doctor. He was more attuned to his patients' “mundane” needs and concerns, such as the long waiting times or the malfunctioning TV in the hospital room, and was more understanding of the severity and impact of his patient's symptoms, such as

nausea and fatigue, which doctors all too quickly gloss over as “just another complaint” (Parker-Pope, 2008). Another account published in the New York Times was that of Dr. Eric Manheimer, medical director and throat cancer patient, who developed a renewed understanding for his patients’ daily struggles once he began to relate to them as fellow patients (Manheimer, 2011). In a study echoing similar sentiments, medical students reported that personal experiences of illness or loss were positive factors for motivating them to study medicine, and allowed them to better relate to patients’ experiences and suffering (Whyte, 2013).

It is inimitably in the act of becoming a patient that medical students’ and doctors’ eyes are opened to the challenges of the patient condition. Indeed, the expression of empathy and compassion taught in medical schools pales in comparison to the first-hand experiences of illness gained as a patient. Once doctors have experienced the loneliness, fear, and despair of serious illness, they are transformed into the wounded healers of lore, capable of effective healing by virtue of their illness. The position of the doctor-patient is therefore one that is plagued by many challenges, but one that is also exceptionally poised to emphasise the humanity in care.

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